



REQUEST FOR A TWO-YEAR EXTENSION For Preliminary Multiple and Single Subject Teaching Credentials Issued On or After August 30, 2004

To qualify for the two-year extension, an individual must have been issued a Five-Year Preliminary Multiple or Single Subject Teaching Credential issued on the basis of completion of an SB 2042 teacher preparation program with an issuance date of August 30, 2004 or later. This form must be completed by the applicant, the clear credential program sponsor, and the employing agency.

Name of Applicant: _____
FIRST MIDDLE LAST

Type of Credential: Multiple Subject Single Subject Subject(s) _____

I have been issued previous extensions to this credential, including: (check all that apply)
1-year extension 2-year extension 3-year extension

I qualify for the two-year extension because I meet one of the following criteria:

Employed in a teaching position that allows for completion of requirements but not long enough to earn clear credential (holds or held a five-year preliminary credential)

Issued a three-year extension and is employed in a teaching position that allows for completion of the requirements (three-year extension may be valid or expired) but not long enough to earn the clear credential

APPLICANT'S CERTIFICATION

I certify under penalty of perjury that the foregoing statements are true and correct.

Applicant's Signature _____ Date _____

For the two-year extension, individuals must submit an application packet to CTC consisting of all of the following:

1. Completed form CL-885, *Request for a Two-Year Extension*, which includes:
 - Verification of employment in a position that allows for completion of clear credential requirements
 - Verification of enrollment in a clear credential program from either a Commission-approved induction program or a Commission-approved SB 2042 fifth-year program (must also complete form CL-855)
2. Completed application (form 41-4), clearly marked "appeal" in the upper right hand corner of the application form
3. Application [processing fee](#)

EMPLOYING AGENCY CERTIFICATION

I certify that the above named individual is employed in a teaching position that allows for the completion of the clear credential requirements.

Name and Title _____

Name of Employing Agency _____

Contact Phone Number _____ E-mail Address _____

Signature _____ Date _____

INDUCTION PROGRAM CERTIFICATION

If the individual is enrolled in a Commission-approved induction program, complete the section below. If an induction program is not available or if the individual must complete course work in accordance with No Child Left Behind, complete and include [form CL-855](#).

I certify that the above named individual is enrolled in a Commission-approved induction program.

Name and Title _____

Name of Induction Program _____

Contact Phone Number _____ E-mail Address _____

Signature _____ Date _____